

# Invoice

<b>From:</b>	<b>To:</b>
<input type="text" value="Your Business Name"/>	<input type="text" value="Client Name"/>
<input type="text" value="Address"/>	<input type="text" value="Client Address"/>
<input type="text" value="Phone/Email"/>	<input type="text" value="Client Phone/Email"/>

<b>Invoice #</b>	<b>Date</b>	<b>Due Date</b>
<input type="text" value="0001"/>	<input type="text"/>	<input type="text"/>

Item Description	Quantity	Unit Price	Amount
<input type="text" value="Service/Product"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Service/Product"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Subtotal:**

Tax (if applicable):

**Total Due:**

**Notes:**

<input type="text" value="Payment instructions, thanks, etc."/>
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